

SENATE BILL 2623
By McNally

AN ACT to amend Tennessee Code Annotated, Title 63,
Chapter 1, relative to prescription use in
Tennessee.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

WHEREAS, numerous studies have shown that Tennessee has the highest prescription utilization in the nation; and

WHEREAS, one study reflects a nearly 60% higher prescription use in Tennessee than the U.S. average; and

WHEREAS, this phenomenon has existed for many years and is true for those patients covered under both public and private third party coverage; and

WHEREAS, health care prescribers only want to prescribe those medications deemed appropriate to treat a patient; and

WHEREAS, prescribers want to be part of a proactive solution to address the high prescription utilization in this state; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, is amended by adding the following language as an appropriately designated new section:

(a) There is hereby established within the department of health a task force to perform a comprehensive analysis of the high prescription use in Tennessee ("the task force"). The task force shall have the following members:

- (1) The commissioner of health or his or her designee;
- (2) The commissioner of commerce and insurance or his or her designee;

(3) The commissioner of mental health and developmental disabilities or his or her designee;

(4) The commissioner of finance and administration or his or her designee;

(5) Six (6) members of the general assembly; two (2) nominated by the speaker of the senate; two (2) nominated by the speaker of the house of representatives; and two (2) nominated by the governor;

(6) Representatives of interested parties appointed by the commissioner of health as follows:

(A) Three (3) physicians (one (1) of whom shall be nominated by the Tennessee Medical Association, one (1) of whom shall be nominated by the Tennessee State Volunteer Medical Association, and one (1) of whom shall be nominated by the Tennessee Osteopathic Medical Association);

(B) One (1) certified nurse practitioner nominated by the Tennessee Nurses' Association;

(C) One (1) dentist nominated by the Tennessee Dental Association;

(D) One (1) optometrist nominated by the Tennessee Optometric Association;

(E) Two (2) pharmacists nominated by the Tennessee Pharmacists' Association;

(F) One (1) physician assistant nominated by the Tennessee Academy of Physician Assistants;

(G) Two (2) representatives of commercial health insurers that do business in the state;

(H) Two (2) representatives, one nominated by University of Tennessee College of Pharmacy and one by the East Tennessee State University College of Pharmacy;

(I) One (1) podiatrist nominated by the Tennessee Podiatric Association;

(J) One (1) representative nominated by the pharmaceutical manufacturing industry;

(K) Two (2) members of the general public who are knowledgeable in areas of the task force's work, one of whom is nominated by AARP; and

(L) Additional members as the commissioner of health deems appropriate.

(b) The commissioner of health or his or her designee shall be chair of the task force. The task force is authorized to select a vice-chair to serve when the chair cannot be present.

(c) The members shall serve on the task force without compensation and shall not be entitled to reimbursement for travel expenses.

(d) All appropriate state agencies shall provide assistance to the task force upon the request of the chair or vice-chair.

(e) The task force shall conduct a comprehensive analysis of the causes of Tennessee's historically high prescription drug usage rates and make recommendations that can reduce, to the extent feasible, that use without adversely affecting the overall quality of patient care or health outcomes.

(f) The task force shall report its findings and recommendations to the governor and the general assembly on or before January 1, 2008. The report shall include, but need not be limited to, the following:

(1) An examination of past and current prescription usage in Tennessee, comparing prescription use of those covered under public versus private health plans, determining any differences that may exist in geographic use and establishing any correlation which may exist between pharmacy use and the actual medical needs, rates of chronic diseases and lifestyle behaviors of Tennesseans. Such examination should pay particular attention to prescription use in Tennessee in comparison to other southeastern states to determine, if possible, the reasons Tennessee rates are higher;

(2) An assessment of the number and type of prescribers in Tennessee as well as the breadth of authority to prescribe in comparison to those in other states to determine if any correlation exists with high prescription use;

(3) An assessment of formal efforts by various entities in and outside the state that have demonstrated the ability to successfully reduce or restrain the increase in prescription use without either harming patient outcomes or placing unnecessary administrative provisions on providers or patients;

(4) Recommendations for any necessary changes in the education and training of health prescribers in the state to ensure that medications are prescribed appropriately but conservatively;

(5) Recommendations for the education of the general public concerning demands and expectations by patients for prescriptions from health care providers; and

(6) Recommendations for any legislative changes necessary to implement any findings of the task force.

(g) To the extent that any funds are made available in the appropriations act, the department of health is authorized to contract with an outside consultant to assist in completion of the tasks outlined in this act.

(h) The commissioner of health shall review the progress of the task force to determine the need for its continuance, and the commissioner shall report this determination to the governor and the general assembly on or before February 15, 2008.

(i) All legislative members of the task force who are duly elected members of the general assembly shall remain members of such committee until the task force reports its findings and recommendations to the governor and the general assembly.

(j) The commissioner is authorized to incorporate the activities and objectives of the commissioner's task force on physician prescribing practices of the department of health into this task force.

(k) It is the intent of the 104th general assembly that there should be no statutory change in any practice act set out in Title 63 involving providers' prescribing privileges until such findings are reported by the task force.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.